

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## O K Medical Limited TA Skin Doctor Leeds

105 Otley Road, Headingley, Leeds, LS6 3PX

Date of Inspection: 20 September 2012

Date of Publication: October 2012

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Cleanliness and infection control</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed
<b>Complaints</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard

## Details about this location

Registered Provider	O K Medical Limited TA Skin Doctor Leeds
Registered Manager	Miss Francesca Coleman
Overview of the service	<p>OK Medical Ltd T/A Skin Doctors Leeds are situated in the Headingley area of Leeds. The clinic comprises of a reception, waiting area, two treatment rooms and office area. It has disable access and a toilet facility. The clinic specialises in skin and body cosmetic treatments including minor surgery consultations. The clinic is a doctor owned and led service and the majority of clinic-based treatments are carried out by qualified therapists.</p>
Type of services	<p>Doctors consultation service</p> <p>Doctors treatment service</p>
Regulated activity	Treatment of disease, disorder or injury

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 20 September 2012, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People said they were fully involved in decisions about their treatments and the members of staff were very good at explaining the treatment they received. People told us they were given information about the treatment options and staff respected their decisions about which treatment they chose. Costs were also explained in detail. They told us they felt comfortable to ask questions about the treatments available.

We spoke with three people who told us they were happy with the care they received and no concerns were expressed about the treatment provided at the clinic. People we spoke with told us the clinic was clean, tidy and they had no concerns with the hygiene.

One person said, "Staff are brilliant, they explain what is happening", "I am well looked after when I am here" and "I am asked to consent and there is a consent form for each treatment you have." Another person told us, "It is a very friendly environment and I am well looked after", "Everything is always explained and I know what's going to happen," and "The clinic is clean throughout but it is basic."

We found evidence which identified some concerns with the clinics infection prevention and control processes and with the procedures for quality monitoring.

You can see our judgements on the front page of this report.

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### What we have told the provider to do

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We have asked the provider to send us a report by 20 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

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### Reasons for our judgement

We spoke with the registered manager about the consultation process in relation to the treatments provided including risks and gaining informed consent. The registered manager said that they used different consent forms depending on the treatment. They told us that during the consultation the member of staff would discuss the proposed treatment, related risks and gain written consent. Consent was always obtained and documented prior to treatment commencing. The consent form was one page and the notes made during the consultation were documented on the back page. We saw two types of client medical history records that were used to assess risk and these included questions such as current medication and any previous treatments.

We spoke with three members of staff who were able to explain their understanding of when and how they should obtain consent. The clinic had policies and procedures for consent and confidentiality in place.

People who used the service had access to a choice of literature. This included the statement of purpose, fees and treatments options.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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**Reasons for our judgement**

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We used a number of different methods to help us understand the experiences of people who used the service, including talking to people and looking at records.

We observed people who used the service being greeted as they arrived in the clinic and saw evidence that staff communicated with people in an appropriate, respectful, friendly and welcoming way.

We looked at five people's plans of care and treatment. The clinic used a paper based record keeping system. Treatment plans were created with input from the people who used the service and their wishes were always respected where possible. People's needs were assessed and care and treatment was delivered in line with their individual plan of care. People who used the service had their own detailed and descriptive plan of care, which included a history of treatments, attendance, details of any medical conditions, current medications they may be taking and test spot results. Consent to treatment forms were also present in each person's record. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The treatments provided by the staff working at the clinic were individualised and attempts were made, where possible, to make reasonable adjustments to reflect people's needs, values and diversity. All consultations were conducted in private and the registered manager described how reception staff were aware not to openly discuss personal information.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was not meeting this standard.

People were not protected from the risk of infection because appropriate guidance had not been followed. There were no effective systems in place to reduce the risk and spread of infection.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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**Reasons for our judgement**

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During our inspection we looked at the environment, reviewed staff training, cleaning schedules, policies and procedures, audits and spoke with staff and the registered manager.

We looked at the cleaning rota which included sweeping and mopping floors, cleaning surfaces, emptying bins and tidying drawers. The registered manager told us that these tasks were completed during and at the end of each day. Each member of staff had responsibility for individual tasks. On inspection of the clinic we saw the clinic was well maintained with appropriate floor and surface coverings. There was dedicated hand washing facilities in the treatment rooms and the correct soaps, moisturisers and sanitizers were available. We observed that one of the treatments room had not been fully cleaned as there were cobwebs in the corner on the ceiling and dust behind the fridge.

We observed staff working at the clinic. They all wore clean uniforms. Staff were able to confirm that they were supplied with the correct personal protective equipment when carrying out clinical procedures.

We spoke with three staff. Two members of staff told us they had received training in the individual treatments that were provided by the clinic and this included how to dispose of the equipment and cleaning of the machines. All three members of staff told us that they had not received any infection prevention and control training or control of substances hazardous to health training. Staff we spoke with were not able to demonstrate knowledge and awareness of their responsibilities for infection prevention and control other than what was expected from the daily cleaning rota. For example, staff used a material towel to dry their hands before and after each treatment. The towel was not put for washing until the end of the day. One member of staff told us that gloves and aprons were available but they did not always use an apron when cleaning the clinic. These practices could increase the risk of cross infection within the clinic.

There were infection prevention and control and hand washing policies and procedures in

place. We saw that not all the policies were being adhered to by staff. For example the policy for hand hygiene stated that, 'no nail varnish is to be worn'. However, we observed one member of staff with nail varnish on.

We asked to look at the audits for infection control. The registered manager told us that they checked the clinic was clean at the end of each day ready for the next day. However, they said that this was not documented. They also told us that the cleaning rota was not kept. Therefore, this information was not auditable. No other infection control audits were available.

The registered manager told us that they were aware of the Department of Health guidance on the prevention and control of infections. However, the evidence demonstrated that the provider had failed to maintain and monitor adequate standards of cleanliness and infection control. This meant people who used the service, staff and others were not protected against the risk of acquiring health care and treatment associated infections.

## Assessing and monitoring the quality of service provision

✘ Action needed

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was not meeting this standard.

The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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### Reasons for our judgement

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Our inspection of this standard was added as part of our routine inspection programme.

We looked at the way the clinic gathered information about the service they provided. The registered manager told us quality monitoring of the service provided was not undertaken at the clinic. However, the registered manager said an audit was conducted in June 2012 and this included clinical records, consent and treatments. We saw copies of the completed audits and the analysis showed that the majority of records were completed accurately and in a timely manner. The registered manager told us that any issues raised were reviewed and changes were implemented if necessary.

There were policies and procedures in place that supported the provision of safe and appropriate care. The clinic manager stated that the policies and procedures had been reviewed in January 2012. However, on the day of our inspection there was no evidence to show that these had been reviewed since July 2010.

The registered manager told us that no risk assessments were available for the clinic or the environment. For example, the clinic had a toilet facility for people who used the service. However, this was accessed by going through the staff kitchen area. We observed cleaning products on open access on the floor in the kitchen area. Before we concluded our visit the registered manager told us that they had removed the products.

There could be a risk to people's care and treatments if the policies and procedures are not reviewed, updated or implemented and if environmental risks are not identified.

The registered manager told us that the clinic had a fire alarm but this was not tested. They said that the fire safety policy stated that, 'make sure staff know how to evacuate, make sure the fire alarm works and staff know how to use the alarm, test regular'. There was a risk to people's safety if staff did not practice evacuation procedures or test regularly that the fire alarm was in working order.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The clinic provided annual surveys to be completed by people who used the service. The last survey was conducted in January 2012. The registered manager told us that they looked at the completed surveys and actions were identified and taken further if it was possible to do so.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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People were made aware of the complaint's system. People were given support by the registered manager to make a comment or complaint where they needed assistance. The service had a complaint's policy and procedure; however, these had not been reviewed since July 2010.

The clinic ensured that individuals were aware of who to make a complaint to and what the procedure was. The registered manager told us that they were always available to speak to people and listen to their concerns. They said this helped them to resolve any minor issues before they became complaints. People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We asked for a summary of complaints people had made and the provider's response. However, we were unable to check if the clinic handled complaints in accordance with the complaints policy due to the fact that no complaints had been received in the last 12 months. The manager told us that people's complaints were fully investigated and resolved where possible to their satisfaction. The clinic had a very low number of complaints. A suggestions box was in the reception area to encourage people to remark on their experience and to make any suggestions.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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There were effective recruitment and selection processes in place. We spoke to three members of staff who told us they had been recruited by completing a Curriculum Vitae (CV) and attending an interview. The registered manager told us that the clinic manager was responsible for the recruitment but confirmed staff were recruited by interview, using competency based questions and references were followed up. Appropriate checks were undertaken before staff began work. However, not all staff had a Criminal Records Bureau (CRB) check. There was no evidence that risk assessments had been conducted on members of staff that did not have a CRB. The provider may find it useful to note that to operate effective recruitment procedures risk assessments should be created and implemented.

The clinic had recruitment policies and procedures that the provider followed when employing new members of staff; however, these had not been reviewed since July 2010. We looked at one staff file. This contained a CV and interview records. One member of staff told us they had received one day's formal induction training but had also attended the clinic prior to starting work there. This enabled them to become familiar with the work and procedures of the clinic.

This section is primarily information for the provider

## ✘ Action we have told the provider to take

### Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<b>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Cleanliness and infection control</b>
	<b>How the regulation was not being met:</b> People were not protected from the risk of infection because appropriate guidance had not been followed. There were no effective systems in place to reduce the risk and spread of infection. Regulation 12.
Regulated activity	Regulation
Treatment of disease, disorder or injury	<b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Assessing and monitoring the quality of service provision</b>
	<b>How the regulation was not being met:</b> The provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. Regulation 10.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 20 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will

**This section is primarily information for the provider**

report on our judgements.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists, primary medical services and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

**✓ Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

**✗ Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action.

**✗ Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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